

Student Name _____ NET ID _____

Each school must determine a Cost of Attendance (COA) for each of its programs. A student may not receive a total amount of student aid that exceeds that student's COA. The COA includes tuition and fees as charged by the school, as well as allowances for books, supplies, and living expenses such as rent, food, utilities, transportation, and an allowance for miscellaneous personal expenses. In some cases, a school's financial aid office is permitted to adjust the standard COA on a case-by-case basis.

Step one: Select the COA increase you would like to request

<input type="checkbox"/> Housing	<ul style="list-style-type: none"> Statement of extenuating circumstances that warrant an increase to the amount already included Provide copy of rental lease/mortgage statement and copy of 3 months detailed utility bills 																
<input type="checkbox"/> Travel	<ul style="list-style-type: none"> Travel expenses required for completion of program Provide receipts for hotel/flights 																
<input type="checkbox"/> Vehicle or home repairs	<ul style="list-style-type: none"> Repairs necessary for the student to continue their education program. Standard maintenance expenses not allowed (i.e. oil change, insurance, etc.) Copy of receipts paid by student for amounts not covered by insurance up to \$1000 																
<input type="checkbox"/> Dependent Care Expenses (considered for children up to 13 years of age, living in household) Must provide contract or paid statement from childcare provider																	
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Name of Dependent</th> <th style="width: 25%;">Age</th> <th style="width: 25%;">Name of Care Provider</th> <th style="width: 25%;">Weekly Rate</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Name of Dependent	Age	Name of Care Provider	Weekly Rate												
Name of Dependent	Age	Name of Care Provider	Weekly Rate														
<input type="checkbox"/> Other _____																	
<ul style="list-style-type: none"> Detailed statement of other educational expenses not listed above Copy of paid receipts 																	

Step 2: If approved, such an adjustment will often result in additional loan eligibility.

- I request the maximum amount of student loans, including any remaining eligibility from my existing aid package, be added to my award package
- I request an additional \$_____ in student loans

I certify that the information provided on this form is accurate and complete. I understand that the request of a review in my cost of attendance is not guaranteed to result in a change to my financial aid eligibility. I acknowledge that I may be liable for repayment of any financial assistance received if the information I am providing is inaccurate.

Student Signature _____ Date _____